-		EXPENSE CLAIM 9/2007)					s and *Pri Reverse S				Page	1 0	1 Pag	PS	
STD. 262 (REV. 9/2007) Statement O							SSN or EMPLOYEE NUMBER*				DEPARTMENT				
Steve Spears								4				CalHFA			
POSITION CB/ID No.							DIVISION or BUREAU						INDEX NU	MBER	
Executive Director RESIDENCE ADDRESS:								Executive Office HEADQUARTERS ADDRESS SOO Capital Mall, Suite 1400						1000	
												TELEPHONE NUM			
CITY STATE ZIP CODE							500 Capitol Mall, Suite 1400				STATE		(916) 326-8086 ZIP CODE		
STATE ZIP CODE							Sacramento				CA		95814		
(1) NORMAL WORK HOURS								(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED 0.500			
8:00 to 17:00 (4) MONTH/YEAR (6)			(7)	(8) NEALS			(0)	(10) TRANSPORTAT			177.070.000 C		(11)	(12)	
Nov 10 (5) DATE TIME		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8)	MEALS	01.10	(9)	(10)					(11)	(12)	
				BREAK- FAST	LUNCH	O.T., L/T. N/C, RELO OR DINNER	O. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) E CAR USE AMOUNT	BUSINESS	TOTAL EXPENSES FOR DAY	
	6:00	Sacramento to San Diego and return						20.00	AT	9.00	25.00	12.50		41.5	
11/16	14:00	Sacramento to Burbank	121.10			18.00	0 6.00		RY	9.00	10.00	5.00		159.10	
1/17		Burbank		6.00		18.00	0			9.00		0.00		33.00	
								-				0.00		0.00	
		,										0.00		0.0	
		33										0.00		0.0	
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		EC 2								2.		0.00		0.0	
		<u></u> <u></u> <u></u>										0.00		0.0	
		, (~										0.00		0.0	
3)												0.00		0.0	
		SUBTOTALS	121.10	6.00	0.00	36.00	0 6.00	20.00	20,27,478.0	27.00	35.00	17.50	0.00	233.6	
COL		CODE (ACCTG, USE ONLY)	or or or or						3 (11.2)					\$233.6	
												20100FW			
1/10: 1/16	Calif	of trip, remarks and details (alla Fornia Housing Consortium 7: CalHFA Board of Direc	Board of	f Director	rs Meetin					1.55		US	COUNTING SE ONLY IG FUND CHE		
11/10 - * Taxi costs - 2 trips @ 100 each -no receipts. provided by Drivers.											745563 12122/10				
provided by priver.															
8			<i>J</i>								ľ				
15)	used, an	Y CERTIFY That the above is a true st d if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754	rate, I certify t	hat the cost of	of operating the	ne vehicle v	accordance wit was equal to o	th DPA rules r greater than	in the se	rvice of the State claimed, and that	of Californ I have m	nia. If a priva let the require	ately owned ve ements as pre	ehicle was scribed by	
1			177	The state of the s											
		NATURE		DATE		(16) S	IGNATURE O	F OFFIGER	PPROV	ING TRAVEL AND	PAYME	NT D	ATE	, \	

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